**CATEGORY (Tick (**/**) on related):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1st |  |  | 2nd |  |  | 3rd | **INTERIM REPORT (6-MONTH REPORT)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | **FINAL REPORT (COMPLETION OF PROJECT)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | **APPLICATION OF PROJECT EXTENSION** |

|  |
| --- |
|  |
| **PRINCIPAL INVESTIGATOR** |  Insert Here  |
| **PROJECT MEMBERS** | 1. |  Insert Here  |
| 2. |  Insert Here  |
| 3. |  Insert Here  |
| 4. |  Insert Here  |
| 5. |  Insert Here  |
| 6. |  Insert Here  |
| 7. |  Insert Here  |
| 8. |  Insert Here  |
| 9. |  Insert Here  |
| 10. |  Insert Here  |
|  |  |
| **PROJECT DETAILS** |
| **TITLE** |  Insert Here  |
| **DATE OF PROJECT COMPLETION***\*Final Report Only* | **MONTH:** Insert Here  | **YEAR:** Insert Here  |
| **DATE OF EXTENSION***\*Extension Application Only* | **FROM:** Insert Here  | **TO:** Insert Here  |
| **TOTAL APPROVED GRANT****(MYR)** |  Insert Here  |

|  |
| --- |
| **PERCENTAGE OF PROJECT ACHIEVEMENT (Indicate your percentage, e.g: 60% on related scale)***\*Please attached Gantt Chart to indicate the project progress* |
| **0 - 25%** | **26 - 50%** | **51 - 75%** | **76 - 100%** |
|  Insert here  |  Insert here  |  Insert here  |  Insert here  |
|  |
| **PROJECT PROGRESS AND REPORT** |
| **Write/Type a brief report of the task completed in the space below.**(Please attach as appendix of any published work from this project, i.e., conference abstracts, proceeding or journal) Type here  |

|  |
| --- |
| **EXPENDITURE (MYR)***\*For 1st, 2nd and 3rd Interim Report* |
| **TOTAL GRANT** |  Insert Here  |
| **AMOUNT SPENT (CURRENT)** |  Insert Here  |
| **BALANCE** |  Insert Here  |
|  |
| **PROBLEMS/CONSTRAITS** |
| **Write/Type a brief problems or constraints that your group encountered during project progress.**Type here  |
|  |
| **APPLICANT DECLARATION**  |
| I hereby declare that the information provided by me is true and complete. The Academy reserves the right to take appropriate action if the information is found to be untrue. Date Here  Sign Here ………………………………………………………………. ………………………………………SIGNATURE OF PRINCIPAL INVESTIGATOR DATE |
| **COMMENTS (\*FOR AFPM USE ONLY)****(Chairman, Malaysian Primary Care Research Group)** |
|  Date Here  Sign here ………………………………………………………………... ………………………………………… SIGNATURE DATE |